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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL CARL DEMAIO FOR CONGRESS					
ADDRESS (number and street) PO BOX 27227					
CITY, STATE, and ZIP CODE					
SAN DIEGO		CA 921	98		
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION	N NUMBER
CARL DEMAIO		House	CA 52	C00545384	
5. ISTHIS AN AMENDMENT? NO, THIS IS A N	EW FILING	YES, IT AMENDS THE	NOTICE FILED ON	//	<i>I</i>
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month,	Amount
Mr. Robert J Basso		None		day, year)	
				05/21/2014	1000.00
4810 La Cruz Dr				00/2 !/20 ! !	
		Transaction ID: 67AC1BD3EB8F843E			
La Mesa	CA 91941-4489	Occupation			
La Iviesa	CA 91941-4409	Retired			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month, day, year)	Amount
William Chance		ActivCare Living, Inc.		day, year)	
				05/21/2014	1000.00
9619 Chesapeake Dr.		Transaction ID : 6752E063770E84ED8			
Ste. 103		Occupation ID: 6/52E063//0E84ED8			
San Diego	CA 92123-1394	Executive			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month,	Amount
•				day, year)	Amount
Mr. Thomas P Sayer		Self Employed		05/04/0044	4000.00
9974 Scripps Ranch Blvd #284				05/21/2014	1000.00
		Transaction ID : 6F4EC057082E54FBE			
		Occupation			
San Diego	CA 92131-1825	Attorney			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month,	Amount
				day, year)	
		Occupation			
				Date (month,	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		day, year)	Amount
		Occupation			
		,			
SIGNATURE (optional)		DATE		For further in	nformation contact:
Paul Kilgore		(Fleetronically Filed)		Federal Election Commission	
		[Liccionically Fuell]	[Electronically Filed]		999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
			1		

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